



**PROFESSIONAL EMPLOYER ORGANIZATION  
LICENSE RENEWAL APPLICATION**  
SECRETARY OF STATE  
SFN 58947 (08-2008)

FOR OFFICE USE ONLY

ID/License Number

WO Number

Renewed

By

Expiration Date

**RENEWAL FEE: \$500.00**

**REQUIREMENTS:**

**LICENSE PERIOD: 1 YEAR**

- Audited and Verified Financial Statement
- Surety Bond in the amount of \$100,000 (may be required)

**SEE REVERSE SIDE FOR MAILING INSTRUCTIONS**

**TYPE OR PRINT LEGIBLY**

**For reference, see North Dakota Century Code Chapter 43-55**

"The undersigned natural person provides the following information on behalf of the applicant for renewal of a professional employer organization license."

1. Name of Professional Employer Organization		2. Federal ID Number																						
3. Any other business names under which the professional employer organization intends to conduct business in North Dakota    																								
4. Business type and jurisdiction of origin (check one) <table border="0"><tr><td><input type="checkbox"/> Sole Proprietorship</td><td><input type="checkbox"/> Partnership organized in the state of _____ (check partnership type)</td></tr><tr><td><input type="checkbox"/> Corporation incorporated in the state of _____</td><td><input type="checkbox"/> General Partnership</td></tr><tr><td><input type="checkbox"/> Limited Liability Company organized in the state of _____</td><td><input type="checkbox"/> Limited Liability Partnership</td></tr><tr><td><input type="checkbox"/> Other - Define, _____ state of _____</td><td><input type="checkbox"/> Limited Liability Limited Partnership</td></tr></table>				<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership organized in the state of _____ (check partnership type)	<input type="checkbox"/> Corporation incorporated in the state of _____	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Company organized in the state of _____	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Other - Define, _____ state of _____	<input type="checkbox"/> Limited Liability Limited Partnership													
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership organized in the state of _____ (check partnership type)																							
<input type="checkbox"/> Corporation incorporated in the state of _____	<input type="checkbox"/> General Partnership																							
<input type="checkbox"/> Limited Liability Company organized in the state of _____	<input type="checkbox"/> Limited Liability Partnership																							
<input type="checkbox"/> Other - Define, _____ state of _____	<input type="checkbox"/> Limited Liability Limited Partnership																							
5. Date on which professional employer was created in jurisdiction of origin (month, day and year)		6. Fiscal Year End																						
7. Complete address of principal office of the professional employer organization (Street/RR, PO Box if applicable, city, state, zip+4)		8. Telephone Number																						
9. Complete address(es) of each office the professional employer organization maintains in North Dakota (Street/RR, PO Box if applicable, city, state, zip+4)    																								
10. Business name(s), by jurisdiction, under which the professional organization has operated in the preceding 5 years, including any alternative names, previous names of predecessors, and, if known, successor business entities. <table border="0"><thead><tr><th>YEAR</th><th>JURISDICTION</th><th>BUSINESS NAME</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>				YEAR	JURISDICTION	BUSINESS NAME	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
YEAR	JURISDICTION	BUSINESS NAME																						
_____	_____	_____																						
_____	_____	_____																						
_____	_____	_____																						
_____	_____	_____																						
_____	_____	_____																						
_____	_____	_____																						

continued

PROFESSIONAL EMPLOYER ORGANIZATION LICENSE RENEWAL APPLICATION - CONTINUED

11. Names of individuals who manage the professional employer organization or otherwise have the authority to act as a senior executive officer of the professional employer organization

TITLE	NAME	COMPLETE MAILING ADDRESS
PRESIDENT		
VICE PRES.		
SECRETARY		
TREASURER		

12. Names and complete addresses of persons owning or controlling 25% or more of the equity interests of the professional employer organization

NAME	COMPLETE MAILING ADDRESS

13. Name of person to contact if questions about this document	E-mail Address	Daytime Telephone Number
--	----------------	--------------------------

14. "The undersigned, a person authorized by the applicant to sign this application:

- Knows the contents thereof and believes the statements to be true; and
- Affirms that the applicant has continuously maintained sufficient working capital to meet the financial capacity of \$100,000 or a surety bond in that amount as required by N.D.C.C., Chapter 43-55."

Applicant Signature in front of a commissioned Notary Public

/Date

State of

County of

Subscribed and Sworn before me, this day of ,

Notary Public

(Notary Seal/Stamp)

My Commission Expires

## PROFESSIONAL EMPLOYER ORGANIZATION (PEO) LICENSE RENEWAL APPLICATION INSTRUCTIONS

A PEO license must be renewed before the expiration date. The application for renewal may be submitted to the Secretary of State within 60 days prior to the expiration.

A PEO must continuously have its business entity properly registered with the Secretary of State to renew a license. A corporation, a limited liability company, a limited partnership, a limited liability partnership, or limited liability limited partnership organized under laws other than those of North Dakota must continuously maintain a Certificate of Authority from the Secretary of State to transact business in North Dakota. A sole proprietor using a trade name must maintain a Trade Name Registration with the Secretary of State. A general partnership using a fictitious name must maintain a Partnership Fictitious Name Certificate with the Secretary of State. For forms, contact the Secretary of State's Office.

**RENEWAL FEE: \$500**

### ATTACHMENTS:

**Financial Statement:** The application must be accompanied by an audited and verified financial statement for the fiscal year ending immediately prior to the expiration of the license. The financial statement must be audited and verified in accordance with generally accepted accounting principles by a certified public accountant licensed to practice in the jurisdiction in which the accountant is located. The financial statement must set forth the financial condition of the PEO over the most recent 12-month operating period before the close of the fiscal year immediately preceding the renewal date of the license. The financial statement must include a line item clearly defining the working capital of the PEO. The audited and verified financial statement must be specific to the applicant; a consolidated audited and verified financial statement cannot be accepted.

**Extension for Submission of Audited and Verified Financial Statement:** If a PEO submitting a renewal application is unable to provide the audited and verified financial statement by the expiration date of the license, it may submit with the application a written request for an extension to submit the audited and verified financial statement **within 6 months after the license is renewed**. The request for the extension must contain the specific date when the audited and verified financial statement will be submitted and must contain a statement signed by the applicant and notarized affirming that the PEO has continuously maintained sufficient working capital of \$100,000 or a surety bond in that amount to meet the financial capacity requirements of North Dakota law. Only one extension request will be granted. Failure to submit the Audited and Verified Financial Statement by the extended date will be cause for suspension of the license.

**Surety Bond:** A professional employer organization that does not have a minimum working capital of \$100,000, shall present a bond with the license renewal application. The bond shall have a minimum value of \$100,000 and be held by the Secretary of State to secure payment by the professional employer organization of any tax, wage, benefit, or other entitlement due to or with respect to a covered employee if the professional employer organization does not make the payment when due.

1. Provide the applicant's correct organization name as organized in the state or country of organization. Punctuation and abbreviations must be consistent with those in the name as the organization registered with the Secretary of State.
2. Provide the applicant's Federal ID number.

**Privacy:** In compliance with the North Dakota laws governing business entities, Federal ID numbers are not disclosed to the public. They are used by the Secretary of State to maintain accurate records.

3. Provide any other business names under which the professional employer organization intends to conduct business in North Dakota. All assumed names must be properly registered with the Secretary of State before the application may be approved.
4. Select the organizational structure which best defines the applicant. If the applicant is a sole proprietor using a trade name, a Trade Name Registration must be filed with the Secretary of State. If the applicant is a corporation or limited liability company, include the state of origin. **A domestic corporation or limited liability company must have articles on file and be in existence with the Secretary of State before a license will be granted. A foreign corporation, a foreign limited liability company, a foreign limited partnership, a foreign limited liability partnership, or a foreign limited liability limited partnership must secure a certificate of authority before transacting business or obtaining any license or permit in North Dakota. A general partnership using a fictitious name must file a Partnership Fictitious Name Certificate with the Secretary of State.** If the applicant is an organizational structure defined as "other" and not mentioned above, the acceptance of an application will be assessed on a case-by-case basis. Clearly define any business structure classified as "other".

# **PROFESSIONAL EMPLOYER ORGANIZATION (PEO) LICENSE RENEWAL APPLICATION** **(INSTRUCTIONS CONTINUED)**

5. Provide the EXACT date (month, day AND year) when the applicant organization was created in the jurisdiction of origin.
6. Provide the date of the applicant's fiscal year end.
7. A complete address of the applicant's principal executive office, wherever located, is required.
8. Provide the telephone number at the applicant's principal executive office.
9. Provide the complete addresses of each office the employer organization maintains in North Dakota.
10. List by jurisdiction, each business name under which the professional organization has operated in the preceding 5 years. Include any alternative or assumed names, names of predecessors, and, if known, successor business entities. If the organization has always conducted business under the name provided in number 1 of this application, indicate that.
11. Provide the names of the officers or managers of the professional employer organization or the names of the individual(s) that otherwise have the authority to act as a senior executive officer of the professional employer organization.
12. Provide the name, e-mail address and daytime telephone number of the person to contact for any issues related to this application.
13. The application must be dated and signed by an individual authorized to sign on behalf of the professional employer organization in front of a notary public commissioned by the jurisdiction where the document is executed.


**ASSISTANCE:** If assistance is required to complete the license application, contact the Secretary of State.

**E-MAIL:** E-mail is not a secure utility for the transmission of private information or credit card authorizations. **DO NOT EMAIL YOUR DOCUMENT TO THE SECRETARY OF STATE.**

**FAX FILING:** The document and Credit Card Payment Authorization may be faxed to 701-328-2992. A faxed filing does not expedite the process of the document in the office of the Secretary of State.

**MAILING INSTRUCTIONS:** Send the completed application and fee to:  
 Secretary of State  
 State of North Dakota  
 600 E Boulevard Avenue, Dept. 108  
 Bismarck ND 58505-0500

Telephone: 701-328-4284    Toll Free: 800-352-0867 (8-4284)    Fax: 701-328-2992    Web Site: [www.nd.gov/sos](http://www.nd.gov/sos)

 <div style="margin-left: 10px;"> <b>CREDIT CARD PAYMENT AUTHORIZATION</b>  <b>SECRETARY OF STATE</b>  <b>SFN 51478 (08-08)</b> </div>		(All items required to complete transaction)	
Name			Amount Authorized
Address		City	State    Zip
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER			Signature (Required by credit card companies)
Account Number		V Number	Card Expires Month    Year -
		Date	